

Department of Social and Health Services
Olympia, Washington
Social Services Manual

Revision: # 188

Category: ABD Clients Residing in Eastern or Western State Hospital

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Division: CSD

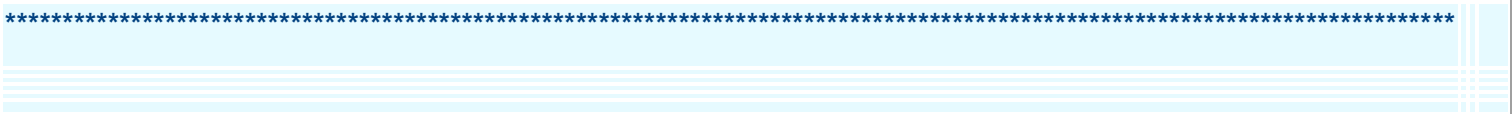
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Summary

Updated manual in accordance with OAR Expansion. As of 4/1/2024 HEN recipients can request OAR benefits, new benefits have been added and existing benefits increased.



Ongoing Additional Requirements

Created-Updated on:
~~Oct 22 2014~~/1/2024

WAC 388-473-0010 What are ongoing additional requirements and how do I qualify?

WAC 388-473-0020 When do we authorize meals as an ongoing additional requirement?

WAC 388-473-0040 ~~Food Assistance~~ for service animals as an ongoing additional requirement.

- Clarifying Information

~~WAC 388-473-0050 Telephone services as an ongoing additional requirement.~~

- ~~• Worker Responsibilities~~

~~WAC 388-473-0060 Laundry as an ongoing additional requirement.~~

~~WAC 388-473-0070 Transportation as an ongoing additional requirement.~~

~~WAC 388-473-0080 Medically related items or services as an ongoing additional requirement.~~

WAC 388-478-0050 Payment standards for ongoing additional requirements.

See [Ongoing Additional Requirements](#) in the Eligibility A-Z Manual for more information about role of the Financial Worker in setting up service for the ~~client~~[customer](#).

Definition

An **"Ongoing Additional Requirement"** is a benefit that is needed by a person that maintains their independent living situation or allows them to live in an environment that is as independent as possible.

Eligibility Determination

1. A customer may request Ongoing Additional Requirements from either financial eligibility staff or a Social Service Specialist. If the request is made to financial eligibility staff, they will direct customers to a Social Service Specialist.
2. The Social Service Specialist verifies the need and determines eligibility for OAR benefits through an assessment.
 - a. Determine if the need is one-time or reoccurring. Some benefits are only a one-time payment. Other benefits can occur monthly and are reviewed at regular intervals (see [Review Periods in WAC 388-473-0010](#)). An example of a one-time benefit is an individual who needs assistance obtaining a bus pass at a reduced rate. Once the bus pass is obtained, they are able to pay the reduced rate ongoing and would not need continued OAR for transportation.

- b. The assessment may include an interview, collateral contacts, or verification from a provider.
- c. If verification is needed to make an OAR decision, refer to the CSD Procedure Handbook for next steps.

NOTE: If verification is received in the ECR after a denial and the verification is sufficient, approve OAR as of the date verification is received. There is no set reconsideration period for OAR. Follow the steps outlined in the CSD Procedures Handbook to approve OAR.

- 3. We do not approve Ongoing Additional Requirement benefits if:
 - a. The assistance they are requesting is available to them through another program (TANF, RCA, HEN, etc.); agency (ALISA, DDA, etc.); provider; Medicaid; or community partners.
 - b. The person lives in an institution, licensed Adult Family Home (AFH), Assisted Living Facility (ALF), or Enhanced Services Facility (ESF); or
 - c. The assistance unit is a child-only case.
- 4. We approve OAR when we have all information and verification needed to make a decision.
 - a. Example: Customer requests OAR on January 11 and provides requested verification on February 2. The Social Service Specialist reviews the verification on February 10 and approves OAR starting February 2. OAR benefits are not prorated in ACES. Customers would receive full benefit for the month approved (February).
- 5. For HCS cases, the HCS social worker or Area Agency on Aging (AAA) case manager makes the determination of the need of OAR and notifies the financial worker of the decision using the DSHS 14-443 Financial Social Service Communication form. (This form is located in the barcode ECR under the forms tab.)

- ~~1.—A person may request Ongoing Additional Requirements benefits from either their Financial or Social Worker. If the request is made to the Financial Worker, the Financial Worker must give a referral using the 14-084 to the Social Worker.~~
- ~~2.—The Social Worker verifies the need and determines eligibility for these benefits through an assessment. This may include an interview, collateral contacts, or a home visit.~~
- ~~3.—Notify the Financial Worker via inter-office memo of your decision:~~
 - ~~a.—Include notes on whether an ETR was approved if the amount is over the Standard Payment Amount~~
- ~~4.—We do not approve Ongoing Additional Requirement benefits if:~~
 - ~~a.—The assistance they are requesting is available to them through another program, or~~
 - ~~b.—The person lives in a licensed adult family home or boarding home.~~

Verification

All initial requests begin with an assessment by the Social Service Specialist. Certain benefit types have conditions for approval and verification or documentation that is needed before a decision regarding OAR can be made. Refer to chart below. For medically related benefits, see section below under Worker Responsibilities-WAC 388-473-0080.

| <u>Benefit Type</u> | <u>Conditions for Approval</u> | <u>Verification/ Documentation Requirements</u> |
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| <u>Transportation</u> | <u>Customer needs assistance getting to and from appointments; or taking care of activities to continue living independently.</u> | <u>Not applicable</u> |
| <u>Internet service</u> | <u>Customer needs assistance paying the monthly bill. Customer needs internet access to continue living independently.</u> | <u>Verification customer has applied for low-cost internet with their provider and the internet bill amount.</u> |
| <u>Veterinary costs for service animal</u> | <u>The service animal, per RCW 49.60.040 Section 25, is in need of veterinary care to continue to provide service to the individual and the individual needs the service animal to continue to live independently</u> | <u>Verbal or written cost estimate for veterinary appointment or note from the veterinary clinic about services needed on veterinary clinic letterhead. If the cost is more than the OAR benefit, discuss with the customer how they will meet the remaining need.</u> <u>Service cannot already have occurred.</u> |
| <u>Boarding for Service Animals</u> | <u>The customer has a service animal and needs it to continue to live independently. The customer is going into inpatient care and is willing to board their animal in a licensed facility, not with family or friends.</u> | <u>Verbal or written information from a provider showing the customer is in need of inpatient care for any reason (e.g. physical, mental, substance use) and a cost estimate from a licensed boarding facility.</u> <u>Note: Most licensed boarding facilities require up to date vaccinations for the animal.</u> |
| <u>Restaurant Meals</u> | <u>Customer is unable to safely prepare meals and home-delivered meals are not available or would be more expensive.</u> | <u>Documentation from their provider or medical evidence that indicates an inability or safety concern to prepare own meals.</u> |
| <u>Home-delivered Meals</u> | <u>Customer is unable to prepare any of their meals, are physically limited in ability to leave their home, and home-delivered meals are available.</u> | <u>Documentation from their provider or medical evidence that indicates an inability or safety concern to prepare own meals.</u> <u>Verify the amount being charged by the local home delivery agency.</u> |
| <u>Laundry</u> | <u>Customer is not able to physically do their own laundry or does not have access to laundry facilities</u> | <u>Documentation from their provider or medical evidence that indicates they are physically unable to do their laundry or there are not</u> |

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| | <u>that are accessible, based on physical limitations.</u> | <u>laundry facilities that are accessible, based on physical limitations.</u> |
| <u>Service Animal Food</u> | <u>The service animal is necessary for customer's health and safety and supports their ability to continue to live independently.</u> | <u>Customer's self-report and if questionable, a statement from their medical or mental health provider that the service animal is needed.</u> |
| <u>Telephone (landline)</u> | <u>The customer has applied for the federal program and needs assistance with paying for a landline.</u> | <u>Customer's self-report.</u> |

Review Periods

1. Review eligibility cycles for Ongoing Additional Requirements using the chart found in WAC 388-473-0010.

a. However, if the Social Service Specialist determines that the person does not need the OAR service for the entire review period, it can be approved with a shorter review period.

i. For example, a HEN Referral recipient requests assistance with restaurant meals in July but reports they will be moving in with family in October after their lease ends. Their family will buy and prepare food for them and assistance for restaurant meals will no longer be needed. The Social Service Specialist approves restaurant meals assistance from July through September instead of the standard 6 months.

b. Reviews can be done early "any time need or circumstances are expected to change" per WAC 388-473-0010.

i. For example, an ABD recipient is approved for OAR for service animal food in July. The service animal passes away in November and the customer informs the Department about the change. Staff review the continued need for OAR the month the change was reported and not at the 12-month review cycle.

ii. If OAR eligibility ends prior to the scheduled review cycle, the Social Service Specialist send a denial letter using the OAR tool in Barcode and inform eligibility staff using the @FIN 900 tickle so changes can be made in ACES.

Worker Responsibilities

1. Document the reason for the request for benefits as well as the facts supporting the approval or denial of benefits in the case progress notes.

2. Provide the Financial Worker with the eligibility decision and a summary of this information by inter-office communication memo (available in ICMS).

~~3. If Ongoing Additional Requirements benefits are approved, the Financial Worker will notify the person and generate payment.~~

~~4.1. Review eligibility for Ongoing Additional Requirements as requested by a Financial Worker.~~

Clarifying Information - WAC 388-473-0040

What is a service animal?

The ADA defines a service animal as any guide dog, signal dog, or ~~other animal~~ individually miniature horse trained to provide assistance to an individual with a disability. If they meet this definition, animals are considered service animals under the ADA regardless of whether they have been licensed or certified by a state or local government. Any reference below to service animal follows this definition.

Service animals perform some of the functions and tasks that the individual with a disability cannot perform for ~~him or herself~~ themselves. Guide dogs are one type of service animal, used by some individuals who are blind. This is the type of service animal with which most people are familiar. But there are service animals that assist persons with other kinds of disabilities in their day-to-day activities.

Some examples include:

- A person with hearing impairment being alerted to sounds.
- A person with mobility impairment being assisted with balance, pulling their wheelchair, or carrying and picking up things.
- A person with depression having a dog that is trained to perform a task to remind them to take their medication.
- A person with PTSD having a dog that is trained to lick their hand to alert them to an oncoming panic attack.
- A person who has epilepsy having a dog that is trained to detect the onset of a seizure and then help the person remain safe during the seizure.
- ~~• Alerting persons with hearing impairments to sounds.~~
- ~~• Pulling wheelchairs or carrying and picking up things for persons with mobility impairments.~~
- ~~• Assisting persons with mobility impairments with balance.~~

A service animal is **not** a pet or an emotional support animal, per ADA guidelines.

Social Worker Responsibilities

1. Use the following criteria to determine if the person's

OAR request for a service animal qualifies for benefits. The dog or miniature horse:

need for a service animal qualifies as an Ongoing Additional Requirement.

The animal:

- a. Must help the person with a sensory, mental, or physical disability.
- b. The training does not need to be formal, but the animal should be trained to help the person with tasks related to the disability. Do not ask for proof of training.

EXAMPLE 1: The customer indicates they are blind, and their dog helps them to be mobile. After talking with the customer, if the use of the animal in assisting the customer seems questionable, staff can request verification from the customer's medical professional that the animal provides assistance with their blindness. The client indicates the dog is to help with the blindness to get around. If the use of the animal in assisting the client seems questionable, you can request verification from the client's medical professional that the animal provides assistance with the disability.

EXAMPLE 2: The customer reports they have severe anxiety, and their dog is used to calm them down. They report the dog is not specifically trained. If questionable, staff should let them know that more information is needed and assist the customer in obtaining a statement from their treating provider on how the animal helps the customer with their disability. The dog is used to calm down the patient. It seems questionable. You can ask the client to provide a statement from the treating doctor, psychiatrist, or other medical professional on how the animal helps the clients with the disability.

3. Approve Ongoing Additional Requirements when the above conditions are met.
4. Notify the Financial Worker of your decision using the inter-office communication memo available in ICMS.
5. For HCS cases, the HCS SW or Area Agency on Aging (AAA) case manager makes the determination of the need of OAR. Notify the financial worker of your decision using the DSHS 14-443 financial social service communication form. (This form is located in the barcode ECR under the forms tab.)

Worker Responsibilities-WAC 388-473-0070 [Transportation]

Examples of questions to ask that may be helpful in making a determination:

- What is your primary need related to transportation assistance (i.e. what is the purpose of the transportation)?
- How will receiving transportation assistance help you continue to function and live independently?
- What has changed with your situation or what challenges are you facing that led you to seek help with transportation?
- Do you live in an area that offers reduced or free transportation passes?
- Have you requested other transportation services available (as appropriate)?
 - Support Services – TANF, RCA

- Housing and Essential Needs (HEN)
- Reduced or free bus passes
- Medicaid Transportation services

EXAMPLE 1: A TANF customer is a WorkFirst participant and needs assistance with transportation to job search. The customer would request support services, rather than be approved for OAR.

EXAMPLE 2: Due to mental health issues, a WorkFirst participant is unable to utilize Medicaid Transportation services for their medical appointments. They need to attend these appointments to continue to function on their own, independently. They have a family member who is willing to drive them but needs gas money. The customer would qualify for OAR transportation.

Worker Responsibilities-WAC 388-473-0080 [Medically Related Items]

We issue benefits for medically related items or services when a person did not qualify for the service or item from any state, federal, or private insurance coverage or they have been unable to obtain a replacement through state, federal, or private insurance. Definition of and verification needed for medically related items and services are listed below:

| <u>OAR Benefit</u> | <u>Definition</u> | <u>Questions</u> | <u>Request</u> |
|---|---|---|---|
| <u>Denture replacement</u> | <u>Customer needs dentures to continue to live independently and has received a denial of denture replacement from Medicaid or private insurance, or upon social service assessment, it is determined that approval for replacement through insurance isn't likely or feasible.</u> | <u>Have you been denied a replacement by private insurance or Medicaid? If no, direct them to insurance first.</u> <u>If so, why?</u> <u>If not, what other services or resources have you tried to access for assistance?</u> <u>Does your insurance cover any amount of a replacement set of dentures? If yes, how much? What is your remaining balance due?</u> <u>If this is a replacement, what happened to the original set (breakage, lost, etc.)?</u> | <u>1. A cost estimate from their provider or letter showing the need for replacement.</u> <u>2. A denial letter from Medicaid or private insurance (if questionable)</u> |
| <u>Optometrist visit for eyeglasses</u> | <u>Customer's eye exam to get prescription glasses (original or replacement) is not covered by insurance and they need eyeglasses to continue to live independently.</u> | <u>Have you been denied this service through Medicaid or your insurance or have you been told that it is not covered? If no, direct them to insurance first.</u> | <u>1. Documentation that the exam is needed (appointment card, note from doctor/optometrist) in order to obtain eyeglasses.</u> |

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| | | <p><u>Does your insurance cover any amount of an Optometrist visit? If yes, how much? What is your remaining balance due?</u></p> <p><u>How often will your insurance pay for an Optometrist visit (annually, bi-annually, etc.)?</u></p> <p><u>Have you used up your visits for an eye exam for this year?</u></p> <p><u>Will your insurance approve the benefit if it is medically necessary even if you have already used up your Optometrist visit for the approval period?</u></p> | <p><u>2. Voicemail/phone call from provider</u></p> <p><u>3. Documentation stating insurance will not cover cost (if questionable)</u></p> |
| <u>Replacement of eyeglasses</u> | <p><u>Customer has been unable to get replacement glasses through insurance because they were unable to provide proof they were not negligent in misplacing the first pair. The customer reports they need their eyeglasses to cook, read their medication labels, etc.</u></p> | <p><u>Why do you need to replace your current eyeglasses? If broken, are they repairable?</u></p> <p><u>Have you tried to get replacement glasses through your insurance and been denied?</u></p> <p><u>If no, direct them to request from insurance first.</u></p> <p><u>Does your insurance cover any amount of a new set of glasses? If yes, how much does your insurance allow per year?</u></p> | <p><u>1. Documentation that the replacement glasses are needed (appointment card, note from doctor/optometrist)</u></p> <p><u>2. Voicemail/phone call from provider</u></p> <p><u>3. Documentation that insurance will not cover cost (if questionable)</u></p> |
| <u>Hearing Aid replacement</u> | <p><u>Customer has been unable to get replacement hearing aid through insurance and needs the hearing aid to continue to live independently.</u></p> | <p><u>What is the reason for needing to replace your hearing aid?</u></p> <p><u>Are the hearing aids still under warranty?</u></p> <p><u>Have you tried to get a replacement hearing aid through your insurance or Medicaid and been denied?</u></p> | <p><u>1. Documentation that the replacement hearing aids are needed (appointment card, note from doctor/audiologist)</u></p> <p><u>2. Voicemail/phone call from provider</u></p> <p><u>3. Documentation that insurance will not</u></p> |

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| | | <u>If so, why were you denied?</u> <u>If no, direct them to try insurance first.</u> <u>Will your insurance cover any portion of the replacement cost?</u> | <u>cover cost (if questionable)</u> |
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Clarifying Information - WAC 388-478-0050

1. Services with an annual limit are limited to one payment every 12 months.
 - a. For example, if \$240.00 is issued for eyeglasses in April 2024, that service cannot be approved again until April 2025 at the earliest.
2. The following services are issued at a set standard amount as described in WAC even if the need is less: restaurant meals, laundry, service animal food, telephone, transportation, veterinary cost for service animal. For other services, determine amount based on need not exceeding maximum standard amount.
3. The standards and limits outlined in the WAC are per person, not per household.
4. A household could have more than one person who is eligible for the same OAR benefit.
 - a. For example, a couple is active on ABD and one person receives monthly service animal food (\$50). The other spouse requests food for their service animal (\$50) and is approved by the Social Service Specialist. In ACES, eligibility staff code that two people are authorized for service animal food and the system issues twice the amount (\$100).
5. OAR amounts for a service animal are limited per person and not per animal.
 - a. For example, if a customer has two service dogs and requests service animal food, we can only approve \$50 as the standard amount per person. If an additional amount is needed for the other service animal, the Social Service Specialist can request an exception to rule (ETR).

LINKS

- [Service Animals | ADA.gov](#)
- [International Association of Assistance Dog Partners \(IAADP\) article The World of Assistance Dogs.](#)

NOTE: For any service, if the amount the person needs is higher than the standards in WAC 388-478-0050, and the SSS determines that the client needs the OAR to continue to live independently, they can request an exception to rule (ETR).

Worker Responsibilities – WAC 388-473-0050

Before authorizing benefits for telephone services, verify the person is receiving local telephone service under the Washington Telephone Assistance Program (WTAP). You can verify this by contacting the local telephone company.

NOTE: if the amount the person needs is higher than the standards in WAC 388-478-0050, the worker should request an exception to rule to allow a higher payment standard.

LINKS

- ~~U.S. Department of Justice, article Americans with Disabilities Act Business Brief: Service Animals.~~
- ~~International Association of Assistance Dog Partners (IAADP) article The World of Assistance Dogs.~~